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FEC

STATEMENT OF **ORGANIZATION**

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FORM 1	_				FEC MAIL CENTER Office Use Only		
NAME OF COMMITTEE (in	full)	(Check if nam is changed)		mple:If typing, type r the lines.	12FE4M	5	
RHODE ISLA	AND CO	NGRESSION	AL CAM	PAIGNS VICTO	ORY FU	ND FEDER	RAL PAC
	<u>, , , , , , , , , , , , , , , , , , , </u>		1111	<u> </u>	1-1-1-		
ADDRESS (number a	nd street)	P. O. BOX	1172				لحبيب
(Check if address is changed)		BOCA RAT	ON		FL	33429	-[]
			CITY		STATE	ZIP C	ODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide only CONGRESS		idress) CAMPAIGNS	FUNDP	ACS@GM	AIL,COM
COMMITTEE'S WEB	PAGE ADD	RESS (URL)					
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2. DATE ÖS) [*] ′ 24'	' ' 20'12 '					
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Type or Print Name Signature of Treasure	of Treasurer	JAMES LI	NCOL	l		ect and complete.	Ž0'1Ž `
NOTE: Submission of				bject the person signing the			2 U.S.C. §437g.
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